



APPLICATION FOR LICENSURE - PSYCHOLOGIST

GEORGIA STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS

237 Coliseum Drive * Macon, Georgia 31217-3858

Phone (478) 207-2440 * www.sos.georgia.gov/plb/psych

Please read the instructions carefully. It is the responsibility of all applicants to be familiar with the laws and rules governing the practice of Psychology in the state of Georgia. Please visit the Boards web site above for additional information.

****Important****

The Board cannot process incomplete applications. If any item is missing, incomplete or incorrect, your application cannot be reviewed by the Board. Please review this application before you submit it to ensure that all information and documentation is complete and correct. Incomplete applications result in delayed processing.

Incomplete applications are void after one year.

Application Checklist

The following checklist is an important part of your application. Please use this checklist to ensure that you submit a COMPLETE application.

The \$100.00 **NON-REFUNDABLE** application fees are payable to Georgia State Board of Psychology and must be included with application

Checks returned for insufficient funds will be assessed a service charge pursuant to O.C.G.A. §16-9-20.

- ☐ **NOTARIZED APPLICATION:** The application must be mailed to the Board's office at the address listed above, along with your **FEE**. All questions must be answered. Any question answered "yes", requires further documentation to be submitted. Attach an explanation if you have had any criminal convictions or charges, or sanctions by another state licensing board.
- ☐ **NATIONAL BOARD SCORES** Applicants by endorsement must have an original copy of EPPP score (passing score = 500) sent to board. Please contact the National Board Administrative Offices at (678) 216-1175 and have them certify (submit) your scores to the Georgia Board.
- ☐ **DEGREE TRANSCRIPT:** All applicants for licensure must have graduated from an approved **APA** program. An **official** Doctorate College transcript certifying the grades, degree conferred and the date awarded must be received in this office directly from the Registrar of the college/school.

APPLICANT MUST ASSURE BOARD KNOWS THE FULL NAME AS IT APPEARS ON YOUR TRANSCRIPT IF DIFFERENT THAN THE NAME YOU CURRENTLY GO BY

- ☐ **OTHER STATE LICENSURE CERTIFICATION:** If you are applying by endorsement, form I needs to be completed by every state that you ever held a license to practice in and submitted to the Georgia Board.
- ☐ **FORM A:** Internship Verification - Applicants for **Examination** must have this form completed. **Endorsement** applicants **of less than ten years** must also have this form completed.
- ☐ **FORM E:** Reference Form – Two references are required.
- ☐ **FORM F:** Contract for the Post Doc for Examination applicants must be sent to the Board within 30 days of beginning the Post Doc along with the application, fee, etc.
- ☐ **FORM G:** Completion of Post Doc for Endorsement applicants licensed less than five years.
- ☐ **If licensed ten (10) years or more** you only need to send the application, fee, doctorate transcript, two form E's, and a form I.

Upon approval by the Board of your completed application, you will be mailed/e-mailed all the instructions necessary to take the exams required for licensure.

TEMPORARY LICENSE

Board Rule 510-9-.01

Available **ONLY** to applicants for licensure by Endorsement (see Board rule 510-3).

Please review the entire rule, 510-9-.01, available @ <http://sos.georgia.gov/plb/psych>

*

PROVISIONAL LICENSE

Board Rule 510-9-.02

Available **ONLY** to an individual who is in the process of completing the post-doctoral supervised experience requirement.

Please review the entire rule, 510-9-.02, available @ <http://sos.georgia.gov/plb/psych>

FOR BOARD USE ONLY

Amount Submitted _____

Date _____

Receipt # _____



FOR BOARD USE ONLY

Certificate Number _____

Date Issued _____

Applicant No. _____

GEORGIA STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS
 237 Coliseum Drive • Macon, Georgia 31217-3858 • (478) 207-2440 www.sos.ga.gov/plb/psych
APPLICATION FOR LICENSURE AS A PSYCHOLOGIST

Examination ☐ Fee \$100.00 **Exam Waiver** ☐ Fee \$100.00 **Endorsement** ☐ Fee \$100.00

*(*Additional Fee required if applying for a Provisional or a Temporary License. Please refer to page 2 above of the instructions to determine if a provisional or temporary applies to you)*

***Provisional License** ☐ Fee \$100.00 ***Temporary License** ☐ Fee \$100.00

(Checks returned for insufficient funds will be assessed a service charge pursuant to O.C.G.A. §16-9-20)

NAME

LAST FIRST MIDDLE (MAIDEN)

NAME*

LAST FIRST MIDDLE

(*as shown on documentation, exam records or transcripts if different)

***SOCIAL SECURITY #** _____ - _____ - _____ **DATE OF BIRTH** M | M | - D | D | - Y | Y | Y | Y |

*(THIS INFORMATION IS AUTHORIZED TO BE OBTAINED AND DISCLOSED TO STATE AND FEDERAL AGENCIES PURSUANT TO O.C.G.A. §§ 19-11-1 & 20-3-295, U.S.C.A §§ 551, 20 & 1001)

PHYSICAL ADDRESS

HOME ADDRESS (P.O. BOX, NOT ACCEPTABLE)

APT #

CITY

STATE

ZIP

******(If you are granted a license, your name, mailing address and license number are public information and your mailing address will appear on the internet. Your physical address is required, if different than the mailing address. You must immediately notify the Board in writing of an address change).

MAILING ADDRESS

MAILING ADDRESS (IF DIFFERENT THAN HOME ADDRESS)

APT #

CITY

STATE

ZIP

DAYTIME PHONE

OTHER PHONE

*****E-MAIL ADDRESS:** _____ Male: _____ Female: _____

(Please print clearly)

******* (Acknowledgement of your application will be sent by e-mail. Also, if any additional information is needed, e-mail is the most efficient way for the Board staff to contact you so that your application can be processed in the most efficient manner. Please notify the Board of any e-mail address change. YOUR E-MAIL ADDRESS WILL NOT BE SHARED WITH ANY THIRD PARTY.)

Have you ever served on active duty in the Armed Forces, the Reserves, or the National Guard during wartime, or, during any conflict when military personnel were committed by the President? () Yes () No
 If yes, you may be eligible for veteran's preference points to be added to your licensure examination score.
 You may obtain the necessary forms and additional information from the Board office.

Have you ever held a license in any jurisdiction as a Psychologist or other profession? () Yes () No
If yes, complete the following for each such license, attach additional pages as necessary:

Title of License _____

Jurisdiction _____ License Number _____

Date Issued _____ Expiration Date _____

****NOTE: If you are applying for licensure by ENDORSEMENT, please direct the Board of Examiners of those jurisdictions in which licensure has been held, whether currently active or not, to complete an Information/Verification Form (Form I) and return it directly to the Georgia Board office.**

BACKGROUND QUESTIONS – ALL APPLICANTS MUST COMPLETE #'s 1-9 BELOW
--

NOTE: If you answer “yes” to any question below, a written explanation and all relevant documents must be submitted with your application (Certified copies of documents from courts or other licensing agencies are required.)

1. Have you been denied licensure for any reason, in any jurisdiction? () Yes () No
2. Have you had a license to practice revoked, suspended, surrendered, or annulled in any jurisdiction? () Yes () No
3. Have you had any disciplinary action taken against you by any authority issuing a license in any jurisdiction? () Yes () No
4. Have you been refused renewal of a license for any reason in any jurisdiction? () Yes () No
5. Have you been subject to disciplinary action or had your membership revoked by a professional organization? () Yes () No
6. Have you been the defendant in a malpractice suit and either entered into a settlement agreement or paid court awarded damages? () Yes () No
7. Are you now or have you ever been *unable* to practice psychology with reasonable skill and safety by reason of illness or use of alcohol, drugs, narcotics, chemicals or any other type of substance, or as a result of any mental or physical condition? () Yes () No
8. Have you ever had your Medicaid and/or Medicare privileges restricted or revoked? () Yes () No
9. Have you been convicted of any felony or of any crime involving moral turpitude? () Yes () No

GRADUATE EDUCATION OR TRAINING

All applicants, with the exception of international and I/O applicants, must present official documentation that they have completed earned doctoral degree requirements from a regionally accredited professional training program in applied psychology that is also accredited by the **American Psychological Association (APA)** at the time the doctoral requirements were completed, and, that meets the basic psychology core course requirements of the APA

Committee on Accreditation. I/O and international applicants should refer to sections 510-2-.05 (5) and (6) of the Georgia Rules.

Doctoral Degree: Please complete for all doctoral education and attach additional pages as necessary:

University or College		Address
Dates Attended	Degree and Date	Major Field Shown On Official Transcript
Doctoral degree major advisor _____		
Title of dissertation _____		
Official Title of Degree Program _____		
Doctoral program APA accredited at the time degree awarded? () Yes () No		
If I/O Psychology, is the program listed in the ASPPB and National Registers "Designated Doctoral Programs in Psychology"? () Yes () No		
Are you a "re-specialization" applicant? () Yes () No If yes, in what program and area was your original degree? _____.		

Please direct the registrar to send an official transcript of all graduate education you wish considered by the Board. IMPORTANT: Please indicate on page 3 of this application any other name a transcript may contain so the document(s) can be matched to your application.

Did you take a specific course during your graduate school experience in cultural diversity?
() Yes () No

RESIDENCY

Please indicate the dates you were physically, in person, attending classes at the graduate institution that granted your doctoral degree:

Dates: _____ Location: _____

NOTE: The Board requires at least one (1) year of full time residency (interpreted as being continuous, in person, physical presence) located at the doctoral degree granting institution. The term residency in this usage does not refer to your internship or postdoctoral supervised work experience. See Board Rule 510-2-.04(4)(a)

The next question only applies to applicants by Examination, First Time Licensees. Applicants by ENDORSEMENT, please go to the question regarding Internship (bottom of page 7).

Doctoral Curriculum Summary: Please list the names, **and descriptions**, of courses taken in the doctoral program that most closely correspond to the following content domain requirements of the APA Accreditation Guidelines.

Scientific Foundations

Biological aspects of behavior _____

Description: _____

Cognitive and affective aspects of behavior _____

Description: _____

Social aspects of behavior _____

Description: _____

History and systems _____

Description: _____

Psychological measurement _____

Description: _____

Research Methods and Data Analysis _____

Description: _____

Methodological and Theoretical Foundations

Individual differences _____

Description: _____

Human development _____

Description: _____

Psychopathology _____

Description: _____

Ethics _____

Description: _____

Assessment, Measurement, and Treatment

Assessment and diagnosis _____

Description: _____

Treatment and intervention _____

Description: _____

Consultation and supervision _____

Description: _____

Evaluating treatments and interventions _____

Description: _____

Cultural and Individual Diversity

Description: _____

Practicum

Settings _____

Populations served _____

Approximate total hours _____

Approximate supervision hours _____

Internship

Program	Address
---------	---------

Dates Attended	Date Graduated
----------------	----------------

Internship Training Director _____

Primary Supervisor _____

Internship program APA accredited or APPIC member at the time of graduation? () Yes () No

Areas of Intended Practice

If licensed, I intend to confine my practice to the following specialty area(s):

(Circle one) Clinical, Counseling, School, I/O, other: _____

With subspecialty in (be descriptive if relevant) _____

The Code of Ethics limits your practice to your demonstrated areas of competence. Please check and list below your areas of competence. Be prepared to document your training and experience.

Populations

Infants & Toddlers _____ Adults _____ Children _____

Elderly _____ Adolescents _____ Other (Specify) _____

Professional psychological services you are competent to offer:

Assessment

Chemical Abuse/Dependency Assessment _____

Client/Organizational Assessment _____

Forensic Assessment _____

Neuropsychological Assessment _____

Psychoeducational Assessment _____

Psychological Assessment _____

Other Assessment (Specify) _____

Treatment

Behavioral Health Therapy _____ Biofeedback _____

Chemical Abuse/Dependence Therapy _____ Couples Psychotherapy _____

Executive Coaching _____ Family Psychotherapy _____

Group Psychotherapy _____ Hypnotherapy _____

I/O Interventions _____ Individual Psychotherapy _____

Play Therapy _____ Psycho Educational Treatment _____

Rehabilitation Therapy _____ Sex Therapy _____

Sports and Exercise Interventions _____ Other (Specify) _____

References: List the names, positions, and complete addresses of at least two persons who are well acquainted with you and your character, to whom you are mailing the reference forms.

(1) _____

(2) _____

APPLICANT SIGNATURE & AFFIDAVIT

YOU MUST SIGN THIS AFFIDAVIT IN THE PRESENCE OF A NOTARY

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia State Board of Examiners of Psychologist, and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

1) _____ I am a United States citizen 18 years of age or older. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or other document as indicated on pages 10 & 11 of this application.**

2) _____ I am **not** a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number (See pages 10 & 11 of this application).**

In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Georgia State Board of Examiners of Psychologist and/or criminal prosecution.

Signature of Applicant

Date

Sworn to and subscribed before me this

_____ day of _____ 20_____

(Notary Seal)

Notary Public Signature

My Commission Expires: _____

NOTE to NOTARY: Application must be signed with Proper ID.

APPLICANT: PLEASE CHECK THE FORM OF IDENTIFICATION BELOW THAT YOU POSSESS. RETURN THIS FORM ALONG WITH A COPY OF YOUR APPROPRIATE DOCUMENTATION.

PSYCHOLOGY

(Printed Name of Applicant)

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2

Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) provides that “not later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

_____ A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at:

<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm>
[O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

- _____ A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- _____ An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- _____ A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- _____ A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- _____ A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- _____ A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- _____ A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- _____ A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- _____ A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- _____ A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- _____ In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]